

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Portman For Senate Committee

Full Name (Last, First, Middle Initial)

A. Susan C Schwab

Mailing Address 4 Market Quay

City
Annapolis

State
MD

Zip Code
21401-2609

Purpose of Disbursement
Refund of Excess Contribution

010
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2015

Amount of Each Disbursement this Period

1800

Transaction ID : B-E-54781

Full Name (Last, First, Middle Initial)

B. David Wyse

Mailing Address 6791 Timberlands Drive

City
Dayton

State
OH

Zip Code
45414-2062

Purpose of Disbursement
refund of excess contribution

010
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2015

Amount of Each Disbursement this Period

2600

Transaction ID : B-E-56301

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

4400.00

TOTAL This Period (last page this line number only).....

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